

FOR LICENSE YEAR ENDING _____

FOR DMV USE ONLY	
C. & O. FEE	TOTAL FEE
AMT. OF CHECK	CHECK NO.
RETURN OVERPAY FOR APPROVAL	OVERPAY
CLERK'S INITIALS	

FOR DMV USE ONLY		1. TYPE OF APPLICATION <i>Important note: if this is an initial, renewal or change in location application, applicant must submit proof of local zoning ordinance approval with this application.</i> <input type="checkbox"/> INITIAL APPLICATION <input type="checkbox"/> RENEWAL APPLICATION <input type="checkbox"/> CHANGE (EXPLAIN) _____ <hr/> Authorized Changes: address change, name change, ownership change, or relocation.	
		2. TYPE OF SALVAGE BUSINESS LICENSES DESIRED <input type="checkbox"/> SALVAGE DEALER <input type="checkbox"/> SALVAGE POOL <input type="checkbox"/> DEMOLISHER <input type="checkbox"/> VEHICLE REMOVAL OPERATOR <input type="checkbox"/> REBUILDER	
3. NAME OF BUSINESS		TRADING AS NAME	BUSINESS HOURS (LIST AS POSTED)
BUSINESS ADDRESS: STREET (P.O. BOX ONLY IS NOT ACCEPTABLE)		CITY	ZIP CODE
<input type="checkbox"/> COUNTY OR <input type="checkbox"/> CITY		JURISDICTION OF BUSINESS	
		OWNER (PERSON OPERATING BUSINESS)	
SALVAGE DEALER'S SOCIAL SECURITY OR EMPLOYER I.D. NUMBER		SALVAGE DEALERS BUSINESS PHONE	OWNER HOME PHONE

In accordance with Sections 2.1-196.1, 2.1731, and 2.1-734 et al of the Virginia Code, the State Comptroller requires that this information, including your social security number, be collected for debt set off collection purposes.

[illegible]

6. READ EACH QUESTION BELOW AND CHECK THE APPROPRIATE RESPONSE		YES	NO
A. Are you currently licensed as a Motor Vehicle Dealer or Salvage Type Dealer in Virginia?			
B. Have you ever been licensed as a Motor Vehicle Dealer, or Salvage Dealer in Virginia or any other state?			
C. Has any owner, partner, or officer of business ever been refused a Motor Vehicle Dealer's License, Certificate of Registration, or Salvage Dealer's License or had his/her license suspended or revoked?			
D. Has any owner, partner, or officer of business ever been convicted of a felony?			
E. Has any owner, partner, or officer of business ever been convicted of any fraudulent or criminal act in connection with the business of selling vehicles?			
F. Has any owner, partner, or officer of business ever been convicted of larceny of a vehicle OR receipt or sale of a stolen vehicle?			
G. Has any owner, partner, or officer of business ever been convicted of odometer tampering or any related violation?			
H. If the answer to any of the above questions is YES, explain (include names, dates and court jurisdictions).			

7. CERTIFICATION. Read and certify by signing below.

I certify and affirm under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge. I understand that it is unlawful to knowingly make a false statement and any violation will be punishable as a Class 2 misdemeanor.

NAME OF BUSINESS

SIGNATURE OF OWNER, PARTNER, OR OFFICER OF THE BUSINESS

EXECUTED AND SIGNED IN THE ☐ COUNTY ☐ CITY OF _____

COUNTY OR CITY

IN THE STATE OF _____ ON THIS DATE _____

STATE MONTH DAY YEAR